July 6, 2017

Dear Commissioners Bideau, Orr and Westhoff:

The purpose of this letter is to provide you with information related to the recent passage of Neosho County Charter Resolution No. CR-17-002. The Kansas Department of Health and Environment (KDHE) would like to ensure that Neosho County citizens will have access to all core public health functions from the moment the charter resolution goes into effect as prescribed by state and federal laws/regulations. Our goal is to assist you in ensuring an effective, seamless transition for the provision of public health services to the citizens.

Public health focuses on improving the overall health of the population through a variety of mechanisms including disease investigation, enforcement of public health laws, and inspections of child care facilities and schools to ensure compliance with state regulations and licensure requirements. There are also the important responsibilities of communicating critical information with the public (such as in the case of a public health emergency or outbreak), serving as a liaison between local and state governments, and linking people to needed resources and services. Applicable Kansas statutes are cited in Appendix A.

The following are core public health functions required by Kansas statutes:

- **Disease investigation** (65-202)—The requirements vary depending on the disease. Disease investigation guidelines that inform local health department case investigations are available at [http://www.kdheks.gov/epi/disease_investigation_guidelines.htm](http://www.kdheks.gov/epi/disease_investigation_guidelines.htm). There are currently over 77 reportable diseases.

Requirements include:

- Reporting confirmed (and in some cases suspected or probable) cases to KDHE’s Bureau of Public Health Informatics and Epidemiology (and in the case of national notifiable conditions, to the Centers for Disease Control and Prevention through the ArboNet Surveillance System) within a set time period dependent on disease.
- Conduct case investigations to determine the individual’s at-risk activities and potential site of exposure; evaluate the possibility of additional cases.
- Contact the medical provider to collect additional information and confirm diagnosis using the current case definition.
- Conduct contact investigation to identify additional cases.
- Identify whether the source of infection is major public health concern
  - Patient provides history of donating or receiving blood or organ
  - Patient has had no travel to an area where the disease is endemic
- A larger than expected incidence of cases or the first incidence of the disease in Kansas has occurred
- There has been a death associated to the disease.
  - Conduct case management as needed.
  - Conduct contact management as needed.
  - Increase surveillance for cases if an outbreak is suspected or anticipated.
  - Initiate control and prevention measures to prevent further spread of disease.
  - Record data, collected during the investigation, in the KS EpiTrax system under the data’s associated in the case morbidity report (CMR).
  - As appropriate, use the notification letter(s) and the disease fact sheet to notify the case, contacts and other individuals or groups.

Extensive training is required for those conducting disease investigations—a total of 27 classes; more than 17 hours total). A listing of required courses is located in Appendix B. Links to the required Communicable Disease Investigator Training modules are available at [http://www.kdheks.gov/epi/disease_training.htm](http://www.kdheks.gov/epi/disease_training.htm).

In order for an organization to meet the requirements to report diseases in KDHE’s online system, EpiTrax, extensive training must be successfully completed. A listing of required courses is located in Appendix C. For more information about EpiTrax training for local health department case investigation, go to [http://www.kdheks.gov/epi/electronic_surveillance_training.htm](http://www.kdheks.gov/epi/electronic_surveillance_training.htm).

- **Isolation and quarantine** (65-119--65-129)—Another key function of governmental public health is to prevent the spread of any infectious or contagious disease. When a Board of Health or local health officer becomes aware of any infectious or contagious disease or of a death from such disease, within their jurisdiction, they are required to act as follows:
  - Immediately exercise and maintain supervision over such case or cases during their continuance.
  - See that all such cases are properly cared for.
  - Ensure the provisions related to isolation, restriction of communication, quarantine and disinfection are duly enforced.
  - Communicate all information as to existing conditions to the Secretary of Health and Environment.
  - Establish a plan for future management and control of cases.

Additionally, local health officers are empowered and authorized to:
- Prohibit public gatherings when necessary for the control of any and all infectious or contagious disease.
- Issue an order requiring an individual to seek appropriate and necessary evaluation and treatment.
- Order an individual or group of individuals to go to and remain in places of isolation or quarantine until he or she determines the individual no longer poses a substantial risk of transmitting the disease or condition to the public.

In the case of tuberculosis (TB) cases, the health officer must:
- Be available to place order for evaluation of tuberculosis suspects.
- Provide public health nursing to persons who have TB disease including Directly Observed Therapy to avoid spread of disease.
- Conduct contact investigations associated with active TB disease.


- **Sexually transmitted infections/HIV**—Only local health departments are able to send chlamydia and gonorrhea specimens to the Kansas Health and Environmental Laboratories for specimen processing at no cost. Per federal guidelines, only agencies that are registered as a 340B entity (not for profit entity) are eligible to receive STI Medications for the treatment of chlamydia, gonorrhea, and syphilis from the state. All providers in the county currently report STIs, HIV, and other reportable diseases to the local health department. Information about where to report diseases will need to be relayed to all providers in the area.

- **School inspections** (65-202)—Each year, a sanitary inspection of all schools located in Neosho County (both public and private) must be conducted to protect the public health of the students.

- **Immunizations** (72-5210)—The health department is required to provide school required vaccines for any child who does not have another payer source. There are extensive requirements for the administration of this program (see Appendix D).

**Environmental health functions**—There are environmental health regulations that must be enforced (K.A.R. 28-5-1 – 28-5-9). In statute, this is a function of the local health department. KDHE has established minimum standards (Bulletin 4-2) to ensure domestic wastewater is managed so that:
- Quality of surface and groundwater is protected for drinking water, recreation, aquatic life support, irrigation, and industrial uses
- A breeding place or habitat will not be created for insects, rodents and other vectors that may later contact food, people, pets or drinking water
- Wastewater will not be exposed on the ground surface where it can be contacted by children and/or pets, creating a significant health hazard
- State and federal laws and local regulations governing water pollution or wastewater disposal will be met
- Nuisance conditions or obnoxious odors and unsightliness will be avoided

Neosho County has also contracted with the Kansas Department of Health and Environment to receive $91,233 for the fiscal year beginning July 1, 2017 to perform core functions in the following Aid to Local programmatic areas:
- Public Health Emergency Preparedness
- Maternal and Child Health (Title V)
- Family Planning (Title X)
- Immunization Action Plan
- Child Care Licensing
State Formula

Each of the programmatic areas are either state or federally funded and have specific requirements that must be met. A new agreement would need to be signed for the SFY2018 Aid to Local grants. Additionally, A133 audits would need to be submitted. For more information about Aid to Local grants, please go to http://www.kdheks.gov/doc_lib/2018_ATL_Reporting.htm.

The Neosho County Health Department currently provides many additional services for the citizens of Neosho County including immunizations, breastfeeding support, car seat safety checks/assistance, childcare provider licensing, dental education, dental preventive services, women’s health, health education, health screening, Health Start Home Visitation (for families with newborns), laboratory services, school health services (contracts with schools districts), testing and counseling for sexually transmitted infections, WIC (a nutrition program for young children and families), and a contract to serve families through the Kansas Statewide Farmworker Health Program. Please keep this in mind as you develop a transition plan to ensure citizens will not have a lapse in services.

The Kansas Department of Health and Environment requests that you develop a plan to ensure continuation of the core public health functions required by Kansas statutes (see Appendix A) and provide a copy of the plan to the Department prior to transferring services. Please include how you will meet all of the state and federal statutes/regulations as well as all of the Aid to Local grant requirements. Please let me know if you have any questions or if you need any assistance from our agency.

Sincerely,

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CC: Secretary Susan Mosier
Deputy Secretary Ashley Goss
Darian Dernovish, Chief Counsel
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Appendix A
Applicable Kansas Statutes

K.S.A. 65-116l. Use of funds for care, maintenance or treatment; limitations. No funds appropriated to the Kansas department for aging and disability services for the purpose of carrying out the provisions of K.S.A. 65-116l, and amendments thereto, shall be used for meeting the cost of the care, maintenance or treatment of any person who has communicable or infectious tuberculosis by a medical care facility on an inpatient basis to the extent that such cost is covered by insurance or other third party payments, or to the extent that such person or a person who is legally responsible for the support of such person is able to assume the cost of such care, maintenance, treatment or transportation. The secretary for aging and disability services in determining the ability of a person to assume such costs shall consider the following factors: (a) The age of such person; (b) the number of such person's dependents and their ages and physical condition; (c) the person's length of care, maintenance or treatment, if such person is the person receiving the care, maintenance or treatment; (d) such person's liabilities; (e) such person's assets; and (f) such other factors as the secretary deems important. The secretary for aging and disability services may adopt rules and regulations necessary to carry out the provisions of this section.

K.S.A. 65-118. Reporting to local health authority as to infectious or contagious diseases; persons reporting; immunity from liability; confidentiality of information; disclosure. (a) Whenever any person licensed to practice the healing arts or engaged in a postgraduate training program approved by the state board of healing arts, licensed dentist, licensed professional nurse, licensed practical nurse, administrator of a hospital, licensed adult care home administrator, licensed physician assistant, licensed social worker, teacher or school administrator knows or has information indicating that a person is suffering from or has died from a reportable infectious or contagious disease as defined in rules and regulations, such knowledge or information shall be reported immediately to the county or joint board of health or the local health officer, together with the name and address of the person who has or is suspected of having the infectious or contagious disease, or the name and former address of the deceased individual who had or was suspected of having such a disease. In the case of a licensed hospital or adult care home, the administrator may designate an individual to receive and make such reports. The secretary of health and environment shall, through rules and regulations, make provision for the consolidation of reports required to be made under this section when the person required to make the report is working in a licensed hospital or adult care home. Laboratories certified under the federal clinical laboratories improvement act pursuant to 42 code of federal regulations, 493 shall report the results of microbiologic cultures, examinations, immunologic essays for the presence of antigens and antibodies and any other laboratory tests which are indicative of the presence of a reportable infectious or contagious disease to the department of health and environment. The director of the division of public health may use information from death certificates for disease investigation purposes.

K.S.A. 65-119. Duties and powers of local health officers; contagious diseases; confidentiality of information; disclosure, when. (a) Any county or joint board of health or local health officer having knowledge of any infectious or contagious disease, or of a death from such disease, within their jurisdiction, shall immediately exercise and maintain a supervision over such case or cases during their continuance, seeing that all such cases are properly cared for and that the provisions of this act as to isolation, restriction of communication, quarantine and disinfection are duly enforced. The county or joint board of health or local health officer shall communicate without delay all information as to existing conditions to the secretary of health and environment. The local health officer shall confer personally, if practicable, otherwise by letter, with the person in attendance upon the case, as to its future management and control. The county or joint board of health or local health officer is hereby empowered and authorized to prohibit public gatherings when necessary for the control of any and all infectious or contagious disease. (b) Any disclosure or communication of information relating to infectious or contagious diseases required to be disclosed or communicated under subsection (a) of this section shall be confidential and shall not be disclosed or made public beyond the requirements of subsection (a) of this section or subsection (a) of K.S.A. 65-118, except as otherwise permitted by subsection (c) of K.S.A. 65-118.

K.S.A. 65-129b. Infections or contagious diseases; authority of local health officer or secretary; evaluation or treatment orders, isolation or quarantine orders; enforcement. (a) Notwithstanding the provisions of K.S.A. 65-119, 65-122, 65-123, 65-126 and 65-128, and amendments thereto, and any rules or regulations adopted thereunder, in investigating actual or potential exposures to an infectious or contagious disease that is potentially life-threatening, the local health officer or the secretary:

(1) May issue an order requiring an individual who the local health officer or the secretary has reason to believe has been exposed to an infectious or contagious disease to seek appropriate and necessary evaluation and treatment;

(B) when the local health officer or the secretary determines that it is medically necessary and reasonable to prevent or reduce the spread of the disease or outbreak believed to have been caused by the exposure to an infectious or contagious disease, may order an individual or group of individuals to go to and remain in places of isolation or quarantine until the local health officer or the secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public;

(C) if a competent individual of 18 years of age or older or an emancipated minor refuses vaccination, medical examination, treatment or testing under this section, may require the individual to go to and remain in a place of isolation or quarantine until the local health officer or the secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public; and
All of said several sums allowed shall be paid out of the county treasury. For any failure or neglect of said local health officer to conviction, be fined not less than ten dollars ($10) nor more than one hundred dollars ($100) for each and every offense. For any failure or neglect to perform any of the duties prescribed by this act, said local health officer shall be deemed guilty of a misdemeanor and, upon conviction, be fined not less than ten dollars ($10) nor more than one hundred dollars ($100), and each day's continuance of such nuisance, source of filth or cause of sickness, after the owner or occupant thereof have been notified to remove the nuisance, source of filth or cause of sickness, shall be a separate offense.

K.S.A. 65-201. County, city-county and multicounty units; local health officers; appointment, tenure, removal; laws applicable. The county commissioners of the several counties of this state shall act as county boards of health for their respective counties. Each county board thus created shall appoint a person licensed to practice medicine and surgery, preference being given to persons who have training in public health, who shall serve in an advisory capacity to the county board of health and as the local health officer, except that the appointing authority of city-county, county or multicounty health units with less than one hundred thousand (100,000) population may appoint a qualified local health program administrator as the local health officer if a person licensed to practice medicine and surgery or person licensed to practice dentistry is designated as a consultant to direct the administrator on program and related medical and professional matters. The local health officer or local health program administrator shall hold office at the pleasure of the board.

The board of county commissioners in any county having a population of less than fifteen thousand (15,000) may contract with the governing body of any hospital located in such county for the purpose of authorizing such governing body to supply services to a county board of health.

K.S.A. 65-202. Same; oath and bond of local health officers; duties and compensation; employment of additional personnel; removal from office; criminal penalties. The local health officer in each county throughout the state, immediately after his or her appointment, shall take the same oath of office prescribed by law for the county officers, shall give bond of five hundred dollars ($500) conditioned for the faithful performance of his or her duties, shall keep an accurate record of all the transactions of his or her office, shall turn over to his or her successor in office or to the county or joint board of health selecting such officer, on the expiration of his or her term of office, all records, documents and other articles belonging to the office and shall faithfully account to said board and to the county and state for all moneys coming into his or her hands by virtue of the office. Such officer shall notify the secretary of health and environment of his or her appointment and qualification, as herein provided for, and provide the secretary with his or her post-office address.

Such officer shall receive and distribute without delay in the county for which he or she is appointed all forms from the secretary of health and environment to the rightful persons, all returns from persons licensed to practice medicine and surgery, assessors and local boards to said secretary, shall keep an accurate record of all the transactions of his or her office and shall turn over all records and documents kept by such officer, as herein provided, and all other articles belonging to the office to his or her successor in office, or to the county or joint board electing such officer, on the expiration of his or her term of office.

Such officer shall upon the opening of the fall term of school, make or have made a sanitary inspection of each school building and grounds, and shall make or have made such additional inspections thereof as are necessary to protect the public health of the students of the school. Such officer shall make or have made an investigation of each case of smallpox, diphtheria, typhoid fever, scarlet fever, acute anterior poliomyelitis (infantile paralysis), epidemic cerebro-spinal meningitis and such other acute infectious, contagious or communicable diseases as may be required, and shall use all known measures to prevent the spread of any such infectious, contagious or communicable disease, and shall perform such other duties as this act, his or her county or joint board, or the secretary of health and environment may require.

Such officer shall receive for his or her services such reasonable compensation as his or her board may allow and with the approval of his or her board of health may employ a skilled professional nurse and other additional personnel whenever deemed necessary for the protection of the public health.

All of said several sums allowed shall be paid out of the county treasury. For any failure or neglect of said local health officer to perform any of the duties prescribed in this act, he or she may be removed from office by the secretary of health and environment, as well as in the manner prescribed by the preceding section. In addition to removal from office as provided herein, for any failure or neglect to perform any of the duties prescribed by this act, said local health officer shall be deemed guilty of a misdemeanor and, upon conviction, be fined not less than ten dollars ($10) nor more than one hundred dollars ($100) for each and every offense.
19-3701. **Sanitary codes in certain counties; definitions.** The term "sanitary code" as used in this act shall mean rules and regulations designed to minimize or control those environments and environmental conditions that may adversely affect the health and well-being of the public. Such environments and environmental conditions may include, but are not restricted to: Sewerage and sewage disposal; water supply; food and food handling; insects and rodents; refuse storage, collection and disposal; housing, trailers and trailer courts.

The term "local health department" as used in this act shall mean any county, city-county, or multi-county health department created or organized by the county commissioners in this state for the purpose of protecting the public health and welfare of the citizens of the county and enforcing public health laws in the county and employing one or more full-time sanitation personnel.

19-3702. **Same; adoption of code by county commissioners; contents; fees.** For the purpose of promoting the public health, comfort and well-being of the public, the county commissioners of any county in this state which is served by a local health department may by resolution adopt a sanitary code or codes to apply to such parts of the county as set forth in this act as they deem necessary, for the control of those environments and environmental conditions that may adversely affect the health and well-being of the public. Each sanitary code may provide for permits, licenses and fees. The county commissioners as set forth in this act may adopt reasonable fees for permits, licenses or other activities as required in the sanitary codes.

19-3703. **Same; administration.** Unless otherwise provided by the board of county commissioners, the local health department shall have the authority and responsibility for administering all sanitary codes. The board of county commissioners may designate a county agency other than the local health department to administer sanitary code regulations concerning sewage and sewage disposal.

### 28-5 Sections


**28-5-2 Location of wastewater disposal systems.** No person, company, corporation, association, or institution shall construct, maintain, use, or permit to be constructed or maintained any wastewater disposal system into which domestic wastewater is drained, within 50 feet of any water well or spring; nor shall any such wastewater disposal system be drained or permitted to drain into any stream, ditch, or the ground surface. (Authorized by and implementing K.S.A. 1996 Supp. 65-171d; effective Jan. 1, 1966; amended, E-7211, March 17, 1972; amended Jan. 1, 1973; amended Sept. 5, 1997.)

**28-5-3 Drains.** All drains carrying domestic sewage, human or animal excreta located within 50 feet of a source of water supply shall be watertight. (Authorized by K.S.A. 65-171d; effective Jan. 1, 1966.)

**28-5-4 Public health nuisances.** The following conditions and practices are declared to be public nuisances hazardous to public health and local boards of health are directed to order their abatement whenever they are called to their attention by the state department of health and environment or any citizen of the state.

1. Any privy, privy vault, or other place used for the deposit of human excreta which permits animals or insects access to the excreta, which produces foul or objectionable odors, or is located so as to make pollution of a domestic water supply probable.
2. The collection or accumulation of any organic materials such as swill, meat scraps, dead fish, shells, bones, decaying vegetables, dead carcasses, human or animal excrement, or any kind of offal that may decompose and create an attraction or breeding place for flies, mosquitoes or rodents.
3. Any domestic animal pen that pollutes a domestic water supply, underground water bearing formation; or stream in a manner that is hazardous to human health; or is maintained in a manner that creates a fly attraction or breeding place for flies or mosquitoes; or is a rodent harborage or breeding place. (Authorized by K.S.A. 1975 Supp. 65101, 65-171d, 65-202; effective Jan. 1, 1966; amended, E-72-11, March 17, 1972; amended Jan. 1, 1973; amended May 1, 1976.)

**28-5-5 Discharge of domestic sewage into wells, pits, or sub-surface excavations prohibited.** No person, company, corporation or institution shall excavate, drill, construct or use or permit to be constructed or used any well, pit, mine shaft, or subsurface excavation for the disposal of untreated or inadequately treated domestic sewage. (Authorized by K.S.A. 65-171d; effective, E-72-11, March 17, 1972; effective Jan. 1, 1973.)

**28-5-6 Discharge of domestic wastes.** All domestic wastes from sanitary fixtures located in any dwelling, shop, school, or other building used as a home or meeting place for humans shall be discharged into a public sewer system approved by the Kansas department of health and environment, or into a private sewer system approved by the Kansas department of health and environment or the appropriate local authority. (Authorized by and implementing K.S.A. 1996 Supp. 65-171d; effective, E-72-11, March 17, 1972; effective Jan. 1, 1973; amended Sept. 5, 1997.)


28-5-9 Variance. (a) (1) In counties with no locally adopted sanitary code, a variance from requirements of K.A.R. 28-5-2 through K.A.R. 285-7 may be granted by the Kansas department of health and environment, if the following conditions are met.
   (A) The features of the site for which the variance is requested are not compatible with requirements of the regulations.
   (B) Alternate methods are available that will attain the objectives of the regulations.
   (C) The variation from the regulations will not adversely affect public health or the environment.

(b) In counties with adopted sanitary codes containing a variance clause, the local administrative agency has the authority to grant variances from requirements of the local code.
(c) Before construction of any facility for receipt of sewage, an application for variance shall be filed with and approved by either the Kansas department of health and environment or the appropriate local authority in accordance with provisions of this regulation. (Authorized by and implementing K.S.A. 1996 Supp. 65-171d; effective Jan. 1, 1973; amended Sept. 5, 1997.)

28-1-13. Rabies control; isolation of mammals causing exposure to rabies for observation and examination; quarantine of mammals exposed to rabies.

(a) In conjunction with investigation of the exposure to rabies of a human or other mammal by another nonhuman mammal, the isolation of the mammal causing exposure to rabies shall be as follows.

1. An owned or wanted dog, cat, or ferret shall be isolated for 10 days as determined by the local health officer or the local health officer’s designee at one of the following locations:
   (A) The residence of the owner of the dog, cat, or ferret;
   (B) In a veterinary hospital;
   (C) At a facility holding a current state pound and shelter license. During this time the local health officer or the local health officer’s designee shall determine whether or not the dog, cat, or ferret is suffering from rabies, and if not, the local health officer or the local health officer’s designee shall authorize the release of the dog, cat, or ferret upon payment by the owner of the boarding fee.

2. Stray, unclaimed, or unwanted dogs, cats, or ferrets shall be sacrificed immediately and the head submitted for laboratory examination for evidence of rabies infection.

3. The management of horses, cattle, and sheep shall be determined by the local health officer or the local health officer’s designee.

4. Mammals, other than dogs, cats, ferrets, horses, cattle, or sheep, including the offspring of wild species cross-bred with domestic dogs and cats, skunks, foxes, raccoons, coyotes, bats, and other species known to be involved in the transmission of rabies, whether owned or unowned, shall be sacrificed immediately and the head submitted for laboratory examination for evidence of rabies infection. Any mammal that has been vaccinated may be sacrificed and tested if the period of virus shedding is unknown for that species.

5. Mammals, including rabbits, hares, gerbils, guinea pigs, hamsters, mice, rats, squirrels, chipmunks, and other species not known to be involved in the transmission of rabies, need not be sacrificed and submitted for laboratory examination for evidence of rabies infection, unless the circumstances of the potential exposure to rabies incident, in the judgment of the local health officer or the local health officer’s designee, indicate otherwise.

6. The disposition of mammals that are not known to be involved in the transmission of rabies and that are maintained in zoological parks, shall be in accordance with the judgment of the local health officer or the local health officer’s designee.

(b) Quarantine of mammals exposed to rabies by a known or suspected rabid mammal shall be as follows.

1. Stray, unclaimed, or unwanted dogs, cats, or ferrets shall be sacrificed immediately.

2. Dogs, cats, or ferrets that have an owner, are wanted by that owner, and are not immunized against rabies shall be quarantined for six months at one of the following locations, as determined by the local health officer or the local health officer’s designee:
   (A) The residence of the owner of the dog, cat, or ferret;
   (B) In a veterinary hospital;
   (C) At a facility holding a current state pound and shelter license. These dogs, cats, or ferrets shall be immunized against rabies one month before release from quarantine. The local health officer or the local health officer’s designee shall authorize the release of the dog, cat, or ferret upon payment of the boarding fee.

3. Dogs, cats, ferrets, horses, cattle, and sheep that have an owner and are wanted by that owner, and for which the owner produces rabies vaccination certificates that contain the following information shall be immediately revaccinated and kept under the owner’s control and observed for 45 days:
   (A) The expiration date of the rabies vaccination; and

(B) Positive identification for each of these mammals showing that the mammals are currently vaccinated by a licensed veterinarian with an approved vaccine for that species.

(4) Horses, cattle, and sheep not vaccinated with an approved vaccine for that species shall be sacrificed immediately or quarantined for six months under conditions satisfactory to the local health officer or the local health officer’s designee. The local health officer or the local health officer’s designee shall authorize the release of the horse, cow, or sheep upon payment of any boarding fees.

(5) Other mammals shall be sacrificed immediately, except for those mammals currently vaccinated with an approved vaccine for that species. Mammals that have been appropriately vaccinated may be immediately re-vaccinated and quarantined for at least 90 days under conditions satisfactory to the local health officer or the local health officer’s designee.

72-5210. Same; duties of public health departments and officers; fees, exception to payment. A county, city-county or multicounty health department shall provide without delay and to the extent that funds designated by such health department for the purchase of vaccines are available the tests and inoculations required by this act to such pupils as are not provided therewith by their parents or guardians and who have not been exempted on religious or medical grounds. Such tests and inoculations may be provided on a sliding fee scale for administrative charges with the exception that no child may be denied inoculations for inability to pay an administrative fee. The local health officer shall counsel and advise school boards concerning the administration of this act.
Appendix B
Disease Investigation Required Training

- What is Epidemiology in Public Health? 45 m
- Basic Infectious Disease Concepts in Epidemiology 1 h
- Introduction to Public Health Surveillance 1.5 h
- Introduction to Outbreak Investigation 50 m
- Data Interpretation for Public Health Professionals 1.5 h
- EpiTrax Disease Surveillance System Modules
- KALHD-KDHE: Epidemiology Training for Local Health Departments (1031581) (Section 2: Putting Concepts to Work 1.5 h)
- Oregon Health Authority’s Video: The Do's and Don'ts of Outbreak Interviewing 30 m
- HIPAA Awareness (1047429) 20 m
- KDHE: Enteric Diseases Webinar (1051033) 43 m
- KDHE: Enteric Diseases Cryptosporidiosis & Giardiasis Case Investigations (1057652) 21 m
- KDHE: Campylobacteriosis Investigations (105601) 18 m
- KDHE: Shigellosis Case Investigations (1061999) 20 m
- KDHE: Varicella, EpiTrax, and You: A Guide to Varicella Investigation (1053829) 16 m
- KDHE: Varicella: Forgotten Fields and Pertussis: Form Changes and Investigation Refresher (1056723) 49 m
- Kansas Public Health Grand Rounds Fall 2014, Oct. 8, "You Have Red Spots Like Me! Measles Transmission Throughout History and Today" Archived WEBCAST (1053745) 80 m
- KDHE: Tularemia and Meningococcal Form Updates 2016 (1062958) 20 m
- KDHE: Kansas Perinatal Hepatitis B Prevention Program (1058134) 32 m
- Kansas Public Health Grand Rounds Fall 2013, Oct. 23, "Hepatitis C in the US" Archived WEBCAST (1049132) 60 m
- KDHE: EpiTrax and Hepatitis C (1058994) 13m
- KDHE: Rabies: New Guidelines for Management of Animals Exposed to Rabies (1063261) 50 m
- KDHE: Avian Influenza Outbreak and Responder Monitoring (1060799) 20 m
- KDHE: Tularemia and Meningococcal Form Updates 2016 (1062958) 20 m
- KDHE: Mosquito-Borne Disease Investigations (1058996) 20 m
- KDHE: Tickborne Disease Investigations (1060929) 35 m
- Respiratory Protection For Healthcare Workers (OSHA) (1026390) 33 m
- EpiTrax Training for Elevated Blood Lead Investigators (1047905) 30 m
- KDHE: Active Ebola Monitoring Documents (1054335)
Appendix C
EpiTrax Required Training

- EpiTrax Introductory Training-Module 1: Security and Access (1043082)
- EpiTrax Introductory Training-Module 2: Navigation Dashboard (1044502)
- EpiTrax Introductory Training-Module 3: User Settings Email (1044503)
- EpiTrax Introductory Training-Module 4: User Setting Alerts (1044504)
- EpiTrax Introductory Training-Module 5: New CME Search (1044505)
- EpiTrax Introductory Training-Module 6: New CMR Creation (1044506)
- EpiTrax Introductory Training-Module 7: Navigation Events Listing (1044507)
- EpiTrax Introductory Training-Module 8: Navigation Existing CMR Search (1044509)
- EpiTrax Introductory Training-Module 9: New CMR Routing Internal (1044510)
- EpiTrax Introductory Training-Module 10: New CMR Routing Reassignment (1044512)
- EpiTrax Introductory Training-Module 11: CMR Editing Demographics (1044513)
- EpiTrax Introductory Training-Module 12: CMR Editing Clinical (1044514)
- EpiTrax Introductory Training-Module 13: CMR Editing Laboratory (1044517)
- EpiTrax Introductory Training-Module 14: CMR Editing Contacts (1044518)
- EpiTrax Introductory Training-Module 15: CMR Editing Encounters (1044520)
- EpiTrax Introductory Training-Module 16: CMR Editing Epidemiological (1044522)
- EpiTrax Introductory Training-Module 17: CMR Editing Reporting (1044524)
- EpiTrax Introductory Training-Module 18: CMR Editing Investigation (1044525)
- EpiTrax Introductory Training-Module 19: CMR Editing Notes (1044526)
- EpiTrax Introductory Training-Module 20: CMR Editing Administrative (1044527)
- Pentaho 5 Basics: Session 1-Navigation (1051624)
- Pentaho 5 Basics: Session 2-Interactive Reporting (1051631)
- Pentaho 5 Basics: Session 3-Analysis Reporting (1051634)
### Appendix D

**Vaccines for Children Requirements**

<table>
<thead>
<tr>
<th>VFC Requirements</th>
<th>Summary</th>
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</thead>
</table>
| **Clinic Key Staff** | • All changes in key staff (Medical Director or equivalent who signed the provider agreement, primary, or backup contacts) must be communicated to the Kansas Immunization Program by following the steps to the KSWebIZ “Change of Information” link in the report section.  
• At a minimum, the primary and backup contacts must undergo required training prior to enrollment, re-enrollment, or change of primary and/or backup contacts. It is recommended that the Medical Director or equivalent who signed the provider agreement and other clinic staff that are involved with implementing requirements or vaccine storage and handling also complete training.  
• The certificate of completion for the required training must be submitted to KIP for “You Call the Shots", VFC Requirements and Storage and Handling learning modules.  
• Contacts must understand KIP policies and procedures for vaccine management including, but not limited to: vaccine ordering, requesting return labels, vaccine storage and handling, inventory control and required monthly reports.  
• It is recommended that all clinic staff involved with the vaccine delivery process complete the above training and have a clear understanding of all VFC policies and procedures. |

| **Annual Recertification Enrollment** | Provider demographics, profile and clinic staff contacts must be updated in IV4.  
• The electronic signature of the Medical Director or equivalent must be completed to authorize the VFC Provider Agreement.  
• Email addresses of the Medical Director, primary and backup contacts must be entered into IV 4 to assist with program communication.  
• Required training certificates must be submitted.  
• If a facility has multiple providers operating under one Medical Director (or equivalent), the facility must maintain a current list of providers ordering vaccines in addition to the provider of record who authorizes the VFC Provider Agreement in IV 4. |

| **Eligibility** | VFC providers must possess a working knowledge of ALL vaccine funding sources and use the criteria to determine the appropriate funding source for children prior to administering vaccines. The Updated 2017 Vaccine Funding Source document is located here: [http://www.kdheks.gov/immunize/vfc_program.html](http://www.kdheks.gov/immunize/vfc_program.html)  
• Documentation of funding source eligibility status prior to each immunization visit must be created and kept on file for a minimum of 3 years after the date of the vaccination.  
• Vaccine funding source documentation must be readily available to staff administering vaccine to determining the proper vaccine stock to be administered. |

| **Billing** | VFC provider must adhere to proper billing practices for vaccine administration fees.  
• Vaccine administration fees charged for non-Medicaid, VFC-eligible children must not exceed $20.26 per dose (CMS Kansas fee cap).  
• Only one payer may be billed for the same administration fee.  
• Billing should never occur for the cost of VFC or other publicly-funded vaccine. Publicly-funded vaccine is provided at no cost to the provider and eligible child.  
• VFC or other publicly-funded eligible children cannot be denied vaccination or be reported to collections based on the parent or guardian's inability to pay the vaccine administration fee. |
### Documentation
- Immunization records must be maintained in accordance with federal law, including documentation of:
  - Name of vaccine
  - Date administered
  - Date VIS was given
  - Publication date of VIS
  - Name of manufacturer
  - Lot number
  - Name and title of person who administered the vaccine
  - Address of the clinic where vaccine was administered
- The current VIS must be distributed each time a vaccine is administered. Records must be maintained in accordance with the National Childhood Vaccine Injury Act, which includes reporting to the Vaccine Adverse Event Reporting System.
- All VFC documents must be kept on file for a minimum of 3 years from the date of vaccination, and available for review. Items for review may include, but are not limited to: temperature logs, packing slips, funding source documentation for each immunization encounter, annual enrollment agreements, and provider profiles.

### Vaccine Order
- All order must be submitted the 1st-7th day of the month.
- Providers ordering > 500 doses in the previous 6 months may place an additional order 10 days after the first order was approved by KIP, if needed.
- All VFC sites must meet the following validations prior to placing a vaccine order:
  - Reconciliation reports must be closed within past 7 days.
  - Temperature logs must be submitted in past 7 days.
  - There must be no pending orders in on hand inventory.
  - Vaccine orders must be consistent with provider’s profile in IV4.

### Inventory
- VFC and non-VFC vaccine inventories must be clearly differentiated (VFC, CHIP, 317, State, Private) for reporting and in the storage unit.
- Providers must maintain adequate inventory of vaccine for VFC and non VFC-eligible patients.
- Vaccine stock must be rotated weekly and upon receipt of a new shipment.
- Expired vaccines must be removed from the unit, packaged, and labeled “Do Not Use”. A return request must be submitted to return expired vaccines, with the exception of open vials of MDV. Open vials of MDV cannot be returned, and should be appropriately disposed of in accordance with facility policy.
- VFC providers must maintain adequate vaccine inventory for scheduled visits to prevent borrowing from other vaccine funding sources. Stock must be rotated to ensure short dated vaccine is used prior to the expiration date.
- Vaccine orders from VFC providers must be in alignment with clinic populations identified in the most recent provider profile in IV4.
- Borrowing vaccine between different funding sources must be a rare, unplanned occurrence. All instances of borrowing must be properly documented, reported, replaced, and documented on the KIP borrowing form. [http://www.kdheks.gov/immunize/vfc_program.html](http://www.kdheks.gov/immunize/vfc_program.html)
- VFC vaccine cannot be used as a replacement system for privately purchased or other publicly-funded vaccine inventory.
- Direct entry users must verify the funding source in the demographic screen prior to documenting an administered dose in KSWebIZ.
- EMR reporting must track doses administered either electronically or on paper form.

### Vaccine Management Plans
- VFC Providers must develop and maintain current, written standard operating procedures (SOP) for routine and emergency response vaccine management. The SOP must be reviewed and/or updated annually (or more frequently if changes occur). A “review date” and signature is required on all SOPs in order to verify that they are current.
- Emergency response facilities must have vaccine storage units that will maintain proper temperatures, monitored with certified calibration thermometer. Vaccine storage units must be an appropriate size to accommodate additional vaccine inventories without overcrowding. Staff must have a clear understanding of proper vaccine management.
while the vaccine is being stored in their facility. It is the responsibility of the VFC provider to ensure that temperature excursions are avoided regardless of where vaccines are stored.

- The vaccine management SOP must include:
  - Names of primary and backup clinic contacts
  - Proper vaccine storage and handling practices
  - Vaccine ordering and inventory control
  - Shipping and receiving procedures
  - Emergency procedures to be followed by clinic staff in the event of an equipment malfunction, power failure or natural disaster.
  - Written procedures for ordering, inventory control; handling vaccine wastage and clinic staff training documentation.

<table>
<thead>
<tr>
<th>Vaccine Storage Units (in order of preference)</th>
<th>Pharmaceutical grade stand-alone or combination units (preferred)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Household commercial stand-alone units</td>
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<tr>
<td></td>
<td>Household combination units with dual thermostats using only the refrigerator section.</td>
</tr>
<tr>
<td>Regardless of the type of unit used it must demonstrate that proper vaccine storage temperatures will be maintained. Units must be large enough to store vaccine to accommodate the busiest time of year without overcrowding.</td>
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<tr>
<td>Dormitory or bar-style units are prohibited.</td>
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</tbody>
</table>

Vaccine offered through public funds

- Vaccines that are available through public funding include: DTaP, Hepatitis A and B, HIB, HPV, Influenza, Meningococcal, MMR, Pnuemococcal, Polio, Rotavirus, Tdap/Td and Varicella as single or combination presentations.
- Combination vaccines should be offered when possible rather than single antigen.
- All recommended vaccines must be offered according to the ACIP schedules, recommended dosage, and contraindications unless:
  - In the VFC provider’s medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child
  - The parent/guardian of the child has secured an appropriate exemption in accordance with Kansas

Thermometers

- A calibrated thermometer with a current and valid certificate of calibration testing is the only acceptable method of continuously monitoring temperatures in accordance with VFC requirements.
  - The certificate of calibration must have one or more of the following items documented regarding the calibration testing:
    - Conforms to ISO 17025
    - Was performed by an ILAC/MRA Signatory body accredited Laboratory List of the ILAC/MRA signatories may be found at: http://ilac.org/ilac-mra-and-signatories/
    - Traceable to the standards maintained by NIST
    - Meets specifications and testing requirements for the American Society for Testing and Materials (ASTM) Standard E2877 tolerance Class F (≤ 0.5 °C) or better
    - Includes reference to another acceptable accuracy validation method, such as comparison to other traceable reference standards or tests at thermometric fixed points.
  - Calibration thermometer certificates must also include:
    - Name of the device
    - Model and Serial number
    - Calibration date and/or calibration expiration date
    - Measurement results indicating that the unit passed testing
    - Documentation of uncertainty is within suitable range (recommended +/-1°F or .5°C).
  - Backup thermometer calibration dates should be different than the primary thermometer’s calibration date to stagger the need for replacement on the same date.

- Acceptable digital data loggers (DDLs) must have:
  - Active temperature display that can be read from the outside of the unit with continuous temperature monitoring and recording capabilities that are routinely
**Digital Data Loggers**

- Downloaded.
- Detachable buffered probe in one of the following materials:
  - Vial filled with liquid (e.g. glycol, ethanol, glycerin)
  - Vial filled with loose media (e.g. sand, Glass beads)
  - Solid block of material (e.g. Teflon®, aluminum)
- Alarm for out-of-range temperatures
- Current, minimum and maximum temperatures
- Low battery indicator
- Accuracy of +/-1 °F (0.5 °C)
- Memory stores at least 4,000 readings
- Programmable temperature reading rate

Note: KIP supplied DDLs will be required as the primary thermometer by 1/1/18.

Providers must provide a backup thermometer with a buffered probe that has a certificate of calibration testing meeting requirements. At a minimum, the backup thermometer must be a digital thermometer. Beginning 1/1/18, DDLs must monitor the temperatures of the vaccine during routine storage, time in transport, and off-site storage.

<table>
<thead>
<tr>
<th>Thermometer Placement</th>
<th>Thermometer or probe must be placed in a central area of the section of the storage unit directly with the vaccines.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Temperature Documentation</th>
<th>Correct refrigerator temperature range is 36-46°F (2-8°C). Correct freezer temperature range is -58 up to +5°F (-50° to 15°C)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Temperatures outside of this range could affect the viability of the vaccine.</td>
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<tr>
<td></td>
<td>- When a temperature excursion occurs, the Provider Temperature Excursion Worksheet form, must be completed, and all instructions followed. The form is located at: <a href="http://www.kdheks.gov/immunize/storage.htm">http://www.kdheks.gov/immunize/storage.htm</a></td>
</tr>
<tr>
<td></td>
<td>- VFC providers are required to monitor and document temperatures for all vaccine storage units at least twice a day.</td>
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<tr>
<td></td>
<td>- Temperature documentation must contain:</td>
</tr>
<tr>
<td></td>
<td>- Temperature reading x2 daily during clinic hours. (Best Practice-document temperatures when arriving at clinic and then one hour prior to the end of the clinic day)</td>
</tr>
<tr>
<td></td>
<td>- No more than 3 days may pass without the x2 a day temperature documentation. This is only permitted when clinic is closed.</td>
</tr>
<tr>
<td></td>
<td>- Date and time of day the temperature was documented. Action taken if needed</td>
</tr>
<tr>
<td></td>
<td>- Name or initials of the person who documented the temperatures or took action.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Vaccine Placement</th>
<th>All vaccine must be</th>
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<tbody>
<tr>
<td></td>
<td>Stored in the original manufacturer packaging. If original packaging includes a lid (e.g. on boxes), the lids must be closed.</td>
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<tr>
<td></td>
<td>Placed in a central location in the unit with space on the back and sides for air circulation</td>
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<tr>
<td></td>
<td><strong>Not</strong> be stored in the door, vegetable bins, and floor of unit or directly in front of the cool air vent.</td>
</tr>
<tr>
<td></td>
<td>Place water bottles in the unit. Stabilize or extends temperatures during an equipment or power failure and/or acts as a block to not store vaccine in an area of the unit</td>
</tr>
<tr>
<td></td>
<td>Pharmaceutical units a built in thermometer or a dedicated port for the probe that dictates the placement of the probe.</td>
</tr>
<tr>
<td></td>
<td>Pharmaceutical units must have water bottles stored throughout the storage unit unless the manufacturer indicates that the water bottles negatively impact the functionality of the unit.</td>
</tr>
</tbody>
</table>
| Power Source                                                                 | Warning labels stating “Do Not Unplug” must be posted on or near the outlet and circuit breaker associated with the unit.  
|                                                                             | Large healthcare systems and hospitals may meet this requirement without signage, if it is demonstrated that there is a comprehensive policy and SOP to prevent vaccine storage units from being physically disconnected from the power source. |
| Fraud and Abuse                                                            | VFC Providers must agree to operate in a manner intended to avoid fraud and abuse.  
|                                                                             | Fraud- intentional deception or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to the practice, person or facility.  
|                                                                             | Abuse - practice that is inconsistent with sound fiscal, business, or medical practice which results in unnecessary costs to the KIP, VFC or Medicaid Programs or families served. |
| Vaccine Transfers                                                          | Vaccine may only be transferred to an actively enrolled VFC Provider.  
|                                                                             | Vaccine must be transferred in a qualified container with a certified calibrated thermometer, preferable a data logger.  
|                                                                             | Note- Data loggers will be required by 2018 unless a special exception is granted by KDHE.  
|                                                                             | The Regional Immunization Consultant assigned to your area must be notified prior to transportation of vaccine if the transport time is one hour or more. |